

ELEVATING THE COMMISSION'S VOICE ON RACIAL EQUITY

Mental Health Services Oversight and
Accountability Commission

Racial Equity Plan

ABOUT THE COMMISSION

The Mental Health Services Oversight and Accountability Commission (the Commission) was created in 2004 by voter-approved Proposition 63, the Mental Health Services Act (MHSA). The Commission provides oversight, accountability, and leadership to guide the transformation of California's mental health system. The 16-member Commission includes one Senator, one Assembly member, the State Attorney General (or a designee), the State Superintendent of Public Instruction (or a designee), and 12 public members appointed by the Governor. By law, the Governor's appointees are people who represent different sectors of society, including mental health peers, family members of people with mental health needs, law enforcement, education, labor, business, and the mental health profession.

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ACKNOWLEDGEMENTS

The Commission wants to thank those who dedicated their time and creative energy to this Racial Equity Plan. Thank you to Vice chair Mayra E. Alvarez and Executive Director Toby Ewing who championed this work. Without their support this plan would not have been possible. Meaningful discussions on race can be challenging in the current social environment. We appreciate the efforts of many to develop this plan including:

Anna Naify (co-lead)	Kai LeMasson
Lauren Quintero (co-lead)	Tom Orrock
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This Racial Equity Plan was developed by Commission staff with input and guidance from the Commission’s Cultural and Linguistic Competence Committee and the Client and Family Leadership Committee, along with many other stakeholders who have provided valuable input into this planning process for which the Commission is grateful.

As a member of The Capitol Collaborative on Race & Equity (CCORE) network, the Commission shared learning with the other State agencies and departments in the 2020–2021 CCORE cohort. Those agencies are listed in Appendix A. The Commission would like to thank all the agencies and departments in the CCORE cohort for their guidance and thoughtful feedback during the planning process.

Special thanks are also given to Tamu Green, PhD, who served as a consultant to support the team in developing of this plan and enhancing learning opportunities. Dr. Green met with the team every other week for over a year to provide supplemental training and to create a safe and brave space for staff to discuss racial equity with colleagues.

INTRODUCTION

The Mental Health Services Oversight and Accountability Commission (the Commission) seeks to address structural racism and disparities by recognizing that California’s mental health system has not been designed with an equity lens. Bias and discrimination in our communities, including within the mental health system, must be addressed, and cultural competency and attention to disparities must inform mental health programs and practices. Through this Racial Equity Plan, the Commission can acknowledge and address structural racism in mental health. The Commission also understands that race is one element of our intersectional lives, and we are impacted by multiple, intersecting layers of opportunities, biases, and challenges. Thus, the Commission acknowledges that to truly transform California’s mental health system, our work cannot stop with racial equity and must be applied to other disparities that meaningfully impact the lives of all Californians. This plan is designed to intentionally build racial equity strategies into Commission operations and priorities.

Disparities Persist as a Result of Structural Racism

Structural racism results in and supports continued disadvantages to people of color including access to basic needs, housing, and education, and even impacts how climate change affects neighborhoods. Structural racism also is widespread in the U.S. physical and mental healthcare systems, which has led to distrust of health care among communities of color. That distrust, paired with additional challenges tied to bias and discrimination, leads to lower rates of screening, diagnosis, and service utilization, which collectively lead to poorer health outcomes.

Mental Health Services Act

The Mental Health Services Act (MHSA) was designed to drive transformational change in California’s mental health system. The Commission is charged with oversight, advising the Governor and Legislature, and supporting transformational change. Included in the goal of transformational change is prioritizing cultural humility, community engagement, wellness and recovery, and prevention and early intervention.

Capitol Collaborative on Race and Equity

To support the goal of advancing racial equity, in 2020 the Commission joined the Capitol Collaborative on Race and Equity (CCORE), an initiative championed by the California Strategic Growth Council. CCORE is led by Race Forward, a non-profit organization supporting racial equity in government. CCORE enjoys support from the Government Alliance on Race and Equity, the Public Health Institute, and the California Endowment.

The CCORE initiative has engaged 37 state agencies to date to improve their knowledge and understanding of racial equity, implicit bias, and how to dismantle structural racism that creates disparities. Those agencies are listed in Appendix A. The CCORE initiative is designed to educate and encourage state agencies to develop Racial Equity Plans and, through this strategic planning process, recognize opportunities to address disparities and support racial equity.

Statewide Efforts on Racial Equity

The Commission’s work in this area is aligned with statewide efforts to address racial equity. In March 2021, representatives from California’s county behavioral health, human services, public health, and public hospital systems released a [statement](#) declaring that racism is a public health crisis. In their statement, these community leaders acknowledged the persistence of racism as a social determinant of health that directly impacts diverse communities (County Leaders Statement on Racism as a Public Health Crisis, 2021).

California’s former Surgeon General, Dr. Nadine Burke Harris advocated for increased attention to systemic racism and its impact on health outcomes. She highlighted how segregated communities and employment discrimination lead to unequal distribution of resources and health access. Toxic stress and exposure to adverse childhood experiences resulting from the uneven distribution of resources lead to long-term health problems. In a 2020 article, she wrote that “Racist oppression ensures that black and brown children bear a disproportionate burden of dehumanizing and traumatic experiences. Science shows it is sickening them and killing them” (Harris, 2020).

TRANSFORMATIONAL CHANGE IN MENTAL HEALTH

The Commission’s [strategic plan](#), developed in consultation with clients and families, community advocates, providers, and others, affirms the Commission’s commitment to using its authorities, resources, and passion to reduce the adverse outcomes of unmet mental health needs and promote the wellbeing of all Californians. As part of its strategic plan, the Commission’s mission statement reflects its vision and values:

MISSION STATEMENT

The Commission works through partnerships to catalyze transformational changes across service systems so that everyone who needs mental health care has access to and receives effective and culturally competent care.

To be successful, it is essential to acknowledge and address the racial inequities and structural racism that impede pursuit of that mission.

RACIAL EQUITY PLAN

One of the most powerful tools the Commission has is its voice. To begin this work, the Commission endorses the following racial equity declaration. This declaration marks a commitment to the overarching goal of racial equity in mental health in California.

RACIAL EQUITY DECLARATION

The Commission acknowledges that racism, discrimination, and bias have negatively impacted mental health outcomes in California both historically and persistently. The Mental Health Services Act explicitly calls for addressing disparities and racial equity in mental health. The Commission commits to recognizing historic harm, to working in collaboration with California’s diverse communities to remedy this harm and strive for equity in all our work.

PRIORITIZING EQUITY IN THE COMMISSION’S WORK

To promote racial equity in California’s mental health system, the Commission will leverage its internal operations, as well as its work in policy research and development, grantmaking, data and evaluation research, communications, and community outreach and support, as follows:

COMMISSION MEETINGS

The Commission will address racial equity in its core operations, namely in planning for Commission meetings themselves. The Commission meets 10 times each year all over California. By prioritizing racial equity in meeting planning, the Commission has the opportunity to impact local communities and institute practices that promote equity.

Land Acknowledgements

The Commission will honor Indigenous people as traditional stewards of California’s lands by opening public meetings with a formal statement of recognition and respect, referred to as a “Land Acknowledgement.” Land Acknowledgements bring Indigenous voices into a historical narrative that previously erased them, and they are the first step in recognizing and respecting the relationship that exists between the Indigenous people as the original stewards of the land and their traditional territories.

The Commission is committed to recognizing the importance of collaboration and enhanced relationships with sovereign, self-governing agencies such as Native American tribal governments who are responsible for the health, safety, and welfare of their citizens and communities. Constrained resources highlight the need for intergovernmental coordination efforts between tribes and states and effective tribal–state relationships are essential for providing indispensable mental health services for all Californians.

Additional strategies to address equity in Commission meeting planning include:

- ✓ Identifying meeting locations and site visits within diverse communities to increase public accessibility.
- ✓ Ensuring translation services are available.
- ✓ Engaging minority-owned businesses in contracting.
- ✓ Identifying speakers who represent local community members.

DIVERSITY, EQUITY, AND INCLUSION IN COMMISSION STAFFING

Considering its own personnel operations is foundational to the Commission's endeavor to address racial inequity. By implementing best practices to recruiting, hiring, and retaining diverse staff, Commission staff will be able infuse diverse perspectives and practices into work. This focus will lead to accessing a greater range of talent, insight into needs and motivations of all consumers, attunement to blind spots, and ultimately better decision making. The Commission will:

- ✓ Review and implement best practices in diversity, equity, and inclusion in recruiting, hiring, training, promoting, and retaining its staff and supporting professional development.
- ✓ Partner with other state agencies, leading organizations, and others embracing diversity, equity, and inclusion standards to achieve excellence in those standards.
- ✓ Measure and monitor progress in achieving excellence in diversity, equity, and inclusion standards for the Commission's workforce.

INCENTIVIZING RACIAL EQUITY IN GRANT FUNDING

The Commission is a major grant provider to California's mental health system and the Commission has used its grantmaking authority to incentivize transformational change and improved outcomes. The Commission is committed to addressing racial equity through its grantmaking role. The Commission will:

- ✓ Review and implement best practices in supporting racial equity through contracting and grantmaking, including engaging California's foundation community to replicate successful practices focusing on achieving racial equity.
- ✓ Review State contracting rules and requirements to ensure contracting work is consistent with the law, and solicit support from the Department of General Services and other control agencies to understand and implement best practices in contract and grantmaking operations.
- ✓ Work with our diverse racial and ethnic stakeholder contractors to collect recommendations from communities of color for opportunities to reduce racial disparities through grants and contracts.
- ✓ Provide technical assistance to grant applicants and contractors approved for funding as needed to support them in developing methods to measure and reduce racial disparities and establish a staff working group to support this work. Technical assistance will also include strategies to create awareness of effective practices to enhance community engagement in community funding opportunities.
- ✓ Measure, monitor, and publicly report progress on this goal as consistent with best practices.

INNOVATION

The MHSA includes a rare and explicit commitment to fostering innovation in providing services and supports. The primary purpose of innovation funds is to increase access to mental health services to unserved and underserved communities, promote interagency and community collaboration related to mental health services, and increase the quality of mental health services and measurable outcomes, including outcomes related to homelessness, incarceration,

suicide, and unemployment. To promote racial equity in innovation, the Commission has identified two strategies:

- ✓ Facilitate opportunities for counties to join the Multi-County Innovation Collaborative on Reducing Disparities in Mental Health, a strategy that is already underway.
- ✓ Provide technical assistance to help counties consider disparities and racial equity during the innovation planning process.

The Commission will offer a tool for counties to use when submitting their innovation projects for review and approval. The following are examples of questions that relate to equity:

- Defining the problem: Describe how racial disparities were assessed when determining the need for this project.
- What is the innovation: How will the innovation aim to reduce racial disparities?
- Evaluation: How will the evaluation assess the impact of the innovation on racial disparities? Are the evaluation measures culturally appropriate?

RESEARCH AND EVALUATION

The Commission uses data to provide information to the public and inform decision making. To address equity in research and evaluation the Commission will:

- ✓ Ensure that diverse voices guide the Commission's research and data work, including research on disparities and equity.
- ✓ Recognize racial equity in all aspects of the Commission's research and analysis.
- ✓ Leverage and publicize data that identifies racial and ethnic disparities, and advocate for data collection to understand those disparities.

POLICY RESEARCH

The Commission has completed policy projects in the areas of criminal justice, suicide prevention, and school mental health. Currently, the Commission is working on projects regarding prevention and early intervention in mental health and workplace mental health. All policy projects include engagement with diverse communities to inform the work. In the Commission's current work and moving forward it will:

- ✓ Ensure the voices of diverse communities inform policy research.
- ✓ Work with subject-matter experts to identify best practices to ensure policy research addresses disparities.
- ✓ Explore and describe structural racism in policies related to the mental health system.
- ✓ Emphasize solutions with the potential to reduce disparities and negative outcomes among diverse racial/ethnic groups when formulating policy recommendations.

COMMUNICATIONS

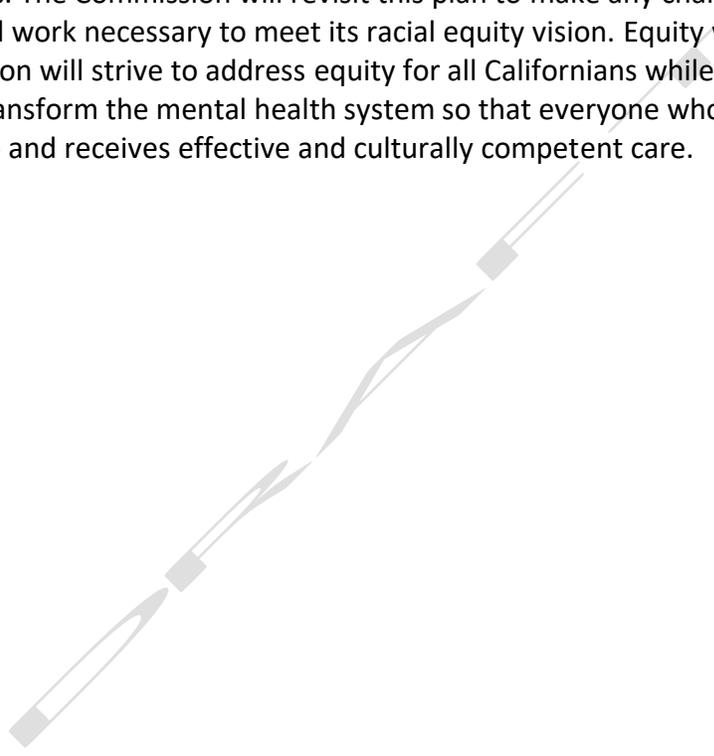
Communication strategies are powerful tools to address disparities and stigma about mental health. Videos, social media strategies, testimonials, and printed materials can tell stories that are relatable and convey powerful messages to the public about race. To leverage communication tools to address racial equity, the Commission will:

- ✓ Engage diverse stakeholders in storytelling and developing communication strategies.

- ✓ Elicit expertise from various communications media professionals to inform best practices in reaching diverse audiences, representing diversity and inclusion in communications materials, and communicating about race.
- ✓ Leverage media to communicate about disparities in mental health, stigma, and opportunities to advance racial equity.

ACCOUNTABILITY AND NEXT STEPS

The Commission acknowledges that this plan is only an initial step in eliminating disparities in California's mental health system. There is more work to be done in collaboration with other state departments and communities to further this effort. While working on the steps outlined in this document, the Commission will strive to enhance communication on strategies to address racial disparities and engage stakeholders to assess progress and to troubleshoot emergent barriers. The Commission will revisit this plan to make any changes needed and identify additional work necessary to meet its racial equity vision. Equity work is never finished, and the Commission will strive to address equity for all Californians while working toward its overall goal: to transform the mental health system so that everyone who needs mental health care has access to and receives effective and culturally competent care.



Appendix A: CCORE Participating State Departments and Agencies

2020-2021 Learning Cohort

Department of Aging
Conservation Corps
Fi\$cal
Department of Fish & Wildlife
Department of Food & Agriculture
Department of Forestry & Fire Protection
Housing Finance Agency
Mental Health Services Oversight & Accountability Commission
Office of Planning & Research
Public Utilities Commission
Tahoe Conservancy
Transportation Agency
High Speed Rail Authority
Highway Patrol
Department of Motor Vehicles
New Motor Vehicle Board
Office of Traffic Safety
Caltrans
Transportation Commission
Department of Water Resources

2018-2019 Learning and Implementation Cohorts

California Arts Council
California Coastal Commission
California Department of Public Health
California Department of Housing and Community Development
California Department of Transportation
California Department of Education
California Department of Corrections and Rehabilitation
California Department of Community Services and Development
California Department of Social Services
California Environmental Protection Agency
Air Resources Board
CalRecycle
Department of Pesticide Regulation
Department of Toxic Substances Control
Office of Environmental Health Hazard Assessment
State Water Resources Control Board
California State Lands Commission
California Strategic Growth Council & Governor's Office of Planning and Research